

THE INFLUENCE OF EXTENDED FAMILIES AND ETHNIC DIFFERENCES
IN ABUSING, NEGLECTING AND ADEQUATE FAMILIES

BY

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to Vern, who helped me from the very beginning and who gave
me the best motivation to finish

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The present study examined the factors involved in child abuse and neglect in Black, Hispanic, and Anglo families based on Bronfenbrenner's ecological model, as applied to child maltreatment by Belsky. Within the microsystem, which is composed of the settings in which the child directly participates (e.g., home, school), the variables were the mother's level of depression (Beck Depression Inventory), the number of perceived positive and negative life events (Life Experiences Survey), the organization of the home environment and mother-child interaction (Home Observation for Measurement of the Environment; HOME), and the amount of

contact with the extended family (Social Support Questionnaire, Part 1). Within the exosystem, composed of settings which influence the child indirectly (e.g., local government agencies), the variable was the amount of help the family receives from the social support network (Social Support Questionnaire, Part 2). The principal hypotheses were that maltreating mothers would be more depressed and have more negative life events than adequate mothers; that Blacks and Hispanics would have more extended family contact than Anglos; that adequate mothers would have more extended family contact than maltreating mothers; that adequate mothers would have higher scores on the HOME; that Anglo mothers and adequate mothers would receive more help from the social support network than Black and Hispanic mothers and maltreating mothers.

The results offered partial support for the hypotheses. The neglecting mothers were the most depressed while the abusing mothers were the least depressed. The Hispanic neglect group reported significantly more negative life events than the Anglo neglect group, and the other groups did not differ from each other. The Black adequate families had significantly more extended family contact than any other group. There were no group differences on the HOME. Anglo mothers received significantly more social support than any other group. The most salient results involved ethnic differences and they were examined within

Bronfenbrenner's model. Implications for future research in the area of child maltreatment were discussed.

CHAPTER I INTRODUCTION

Child abuse may be defined as the physical or psychological harm inflicted on a child by a parent or caretaker, for example, when a parent often, without a reason, hits a child or calls a child derogatory names. Child neglect may be defined as the unresponsiveness of the parent or other caregiver to the child's physical and psychological needs, for example, when a parent does not feed and/or clothe a child properly or does not adequately express love and praise to a child. These definitions, however, are not accepted by all researchers and professionals working with these children. This presents a major problem in comparing the research in the area since the behaviors labeled as abusive or neglectful in one study may not be included as such in other studies. Thus, results from different studies are not always comparable. However, when similar results are found in different studies despite this problem, useful information can obviously be obtained.

General Review of the Literature

The earliest researchers in the area were medical doctors who believed that abuse could be explained by the

psychiatric problems of the parents (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). However, a review of the literature has found that only about 10% of abusive parents have psychiatric problems, such as schizophrenia (Spinetta & Rigler, 1972). Other researchers believe that causality lies in the culture's tolerance for violence as well as the presence of various stress factors in the parents' lives, such as low income, unemployment, and marital conflict (Gil, 1970). It is also significant that in the United States where the rate of child abuse and neglect is higher than that in Great Britain, the murder rate is also much higher (Parke & Collmer, 1975). Although these factors are probably important, they may only be precipitators of abuse, not causal agents. They certainly do not account for all cases. For example, not all parents with low incomes abuse their children and some parents with higher incomes do.

These approaches attribute child maltreatment to causes located in the parent or to global socio-cultural factors. In contrast, the social interactional model examines abuse and neglect by studying the parent-child interaction directly (Burgess & Conger, 1978; Crittenden & Bonvillian, 1984). Both parent and child are active participants who influence each other's behavior and the interaction itself. Crittenden (in press) has found a match between the mother's caregiving style and the child's temperament. "Sensitive"

mothers who respond to their children's hunger cries and who let the children contribute to the interaction tend to have "cooperative" children who rarely cry without reason and who enjoy playing with the mothers. "Controlling" mothers, on the other hand, do not respond to their children's needs consistently and they manipulate the interactions. These mothers tend to have difficult children who often cry, are irritable and do not always respond to the mothers' initiatives for interaction. "Unresponsive" mothers tend to ignore the child's distress signals and prefer not to play with their children. They tend to have "passive" children who turn away from interactions. These are not the only possible dyads and other combinations may be more or less stressful. For example, controlling mothers who have passive children may not understand their children's unwillingness to interact and may feel that their children are rejecting them.

Crittenden (1981) reports that abusive mothers tend to be controlling, neglecting mothers tend to be unresponsive, and adequate mothers tend to be sensitive. A large proportion of abuse cases occur within the controlling mother-difficult child dyad; neglect cases within the unresponsive mother-passive child dyad; and nonmaltreating cases within the sensitive mother-cooperative child dyad.

These interactions may be the results of the abuse and neglect rather than the causes. Nevertheless, they may

serve to maintain the abuse or neglect. For example, the mother who abuses her child will be controlling in her interactions even when she is not physically abusing the child. The child who responds by being irritable and uncooperative will frustrate the mother and this may lead to further abuse.

It is not clear whether both partners come to the interaction with their particular styles or one partner's style influences the other's behavior as well as the interaction. For example, Crittenden (1985) found that abused and neglected children, classified as difficult and passive, respectively, will become more cooperative when interacting with a more sensitive adult or with the mother after she has learned to be more sensitive. She concludes that the mother is the initiator of the interaction. However, it may be that both partners' behaviors have so escalated each other's negative behavior that it takes the mother's training or a more sensitive adult to break out of the pattern.

Burgess and Conger (1978) observed abusing, neglecting, and control families in everyday activities in the home. They found that the maltreating parents engaged in fewer interactions with their children than the control parents. In addition, the maltreating parents were more negative in their behaviors toward their children. Thus, even when the particular situation does not involve an abusing or

neglecting behavior, maltreating parents interact with their children differently from control parents.

Although the social interactional model allows a direct analysis of the mother-child interaction to examine the dynamics involved in child abuse and neglect, it does so in a limited way. The model does not explicitly include any environmental factors affecting the mother-child interaction. The dyad is examined in isolation. There are, however, many factors in the surrounding environment that can have an impact on how the parent and child interact and on how likely abuse or neglect is to occur. Some of these factors are the stressors the mother or father is experiencing, the influence of the extended family, and the amount of help the family receives from neighbors, friends, and social agencies. These factors were the focus of the present study.

Review of the Literature on Ecological Factors

Bronfenbrenner's Ecological Model

Bronfenbrenner has developed a model that is specifically designed to examine the different environments impinging on the child and their influence on the child's activities (Bronfenbrenner, 1977; Bronfenbrenner & Crouter, 1983). Bronfenbrenner differentiates between influences on the child's behavior and influences on the child's development. Change in the former may be temporary and situation specific

while change in the latter is relatively permanent and probably generalizes across situations. An example of environmental influences on the child's behavior is the variety of activities available in different settings, allowing the child to engage in more activities in one setting than another. Another example might be the disciplinary practices of different caretakers, possibly encouraging the child to be well behaved in one setting but unruly in another. An example of environmental influences on the child's development is the informal teaching of interpersonal skills in the home that later transfer to the child's interactions with peers in the preschool.

Belsky (1980) has applied Bronfenbrenner's model to the study of child abuse and neglect. The following explanation of the model presents it as it is applied to both child behavior and development in general, and to child maltreatment in particular.

The first level of analysis in the model is the microsystem. It is composed of the settings in which the child directly participates. The home, school and other similar settings influence the child both in terms of the individuals present to interact with and the objects available with which to work. A child living with ten other relatives may learn more varied interpersonal skills than a child living only with both parents. A child who has many toy guns and tanks may learn aggressive ways of dealing with

different situations. In the school, a child whose teacher humiliates the students when they make mistakes on math quizzes may learn to dislike math. In a home where a child has been abused, there may also be marital conflict and even spouse abuse (Steinmetz, 1977). The social interactional model examines parent-child interaction within the microsystem.

The second level of analysis is the mesosystem, composed of two or more microsystems. Bronfenbrenner points to the importance of studying the child in at least two settings in order to differentiate between differences in a child's behavior and actual developmental change. This helps determine what situational factors are correlated with temporary differences in behavior versus more permanent changes. Belsky does not include the mesosystem in his application of the model to child maltreatment. He does not consider it necessary to observe the child in more than one setting when the focus of study is the determination of factors related to child maltreatment, particularly their influence on the parent-child interaction and how the home life is structured.

The third level of analysis is the exosystem, composed of settings which do not include the child as a participant but which influence the child's behavior and/or development. Events that occur in the parents' workplace, a sibling's school, or the local council meeting may have an impact on

the home situation. For example, a raise and a promotion for one of the parents may lead to better marital relations as well as a greater variety of activities for the whole family. A mother who is neglecting her child may feel neglected herself by the local welfare office which seems untouched by some of her needs or who may be unable to help. A father who is physically abusing his child may be isolated from other people who might otherwise provide some feedback to him regarding his inappropriate disciplinary techniques (Belsky, 1978, 1980). However, it is not clear in which direction causality lies.

The fourth level of analysis is the macrosystem or system of government policy on children's welfare, and the attitudes toward children and children's issues. Government policies have an impact on the child through the services that are provided to families or to the children directly. For example, Aid to Families with Dependent Children provides a single parent without employment with the resources to clothe and feed the children. Attitudes held by the general public or by a group of parents can also be very influential. For example, parents who abuse or neglect their children sometimes view their children as their own property (Garbarino, 1977; Parke & Collmer, 1975), thereby giving themselves the right to mistreat their children in the guise of discipline or general family welfare. Also relevant to this issue are the results on murder rates and

maltreatment rates in the United States and Great Britain as reported by Parke and Collmer (1975). Some people attribute these differences to the American society's fascination with violence as exemplified by the frequency with which violence is portrayed on television and other media. There seems to be an implicit approval of violence as a technique for dealing with problems, including daily problems faced by families. There is also evidence of the widespread use of corporal punishment in this country and the sparse use of it in countries with lower rates of abuse and neglect (Gelles, 1978; Gil, 1971).

Bronfenbrenner's Model as Applied in the Present Study

The present study compared abusing and neglecting families with an adequate control sample by measuring microsystem and exosystem elements of Bronfenbrenner's ecological model. The social interactional model guided the examination of the mother-child interaction in the microsystem. Only mothers, rather than both parents, were included in this study because they are most often the primary caretakers and because, in many cases, the father does not live with the family. Since only a small number of cases involve only the father or another relative, these were not included.

Microsystem.

Within the microsystem, there were assessments of the mother's level of depression (Beck Depression Inventory), number of life events perceived as negative or positive (Life Experiences Survey), mother-child interaction (Home Observation for Measurement of the Environment), and amount of help received from the extended family (Social Support Questionnaire, Part 1). These are all assessments of the home setting in which the child is a participant. Mothers' level of depression was assessed on a self-report questionnaire. In keeping with the focus on ecological influences, on another scale, the mothers marked the number of life events they experienced in the last year and whether the event had had positive, negative, or no impact on their lives. Potentially, both positive and negative events can be stressful.

Both the level of depression and life events were measured to determine if abusing and neglecting mothers are more depressed than adequate mothers and whether depression and number of negative life events, an ecological variable, are positively related. Sarason, Johnson, and Siegel (1978) found a correlation between negative events and depression. Positive events were not correlated with depression nor were they correlated with negative events. At least in terms of depression, negative events seem to be more important than positive events. Pearlin and Johnson also (1977) found that

women experiencing a number of negative stressful events are more likely to be depressed than women who did not experience these events or at least did not experience them as severely. The stressful events they examined were economic difficulty, social isolation, and parental responsibilities. The events that Pearlin and Johnson's study assessed also form part of the list of life events measured in the present study.

The mother-child interaction and the mother's organization of the home environment were measured. These components fall within the social interactional model which looks for the factors involved in child maltreatment within the mother-child interaction. The family's amount of contact with and help from the extended family may also have a direct influence on the child's home environment. This was assessed through a questionnaire to determine if the three caregiving groups differed in their relationship with the extended family.

The relationship of these microsystem variables to child maltreatment may vary from one ethnic group to another. Thus, this study included families from three ethnic groups in order to assess the influence of the different cultures on the dynamics involved in child abuse and neglect, especially with regard to the role of the extended family. The extended family may be a mediating variable between ethnicity, and maternal depression, mother-child

interaction, and the mother's organization of the home environment. Few previous studies have dealt directly with these issues. One such study (Giovannoni & Billingsley, 1970) examined the differences in frequency of contact with kin between neglecting and adequate parents among Blacks, Whites and Hispanics. They report that Black and White adequate parents have more contact with kin than Black and White neglecting parents. They found no such difference for Hispanic parents. They also found that Blacks more often received material services from family while Whites more often engaged in social activities with family. It seems important to differentiate between these two kinds of help because they provide information about the role of the extended family. Thus, the Giovannoni and Billingsley (1970) study suggests that the role of various microsystem variables in child abuse and neglect may differ among ethnic groups.

There have been other studies examining the role of the extended family in different ethnic groups in adequate caregiving families. Hays and Mindel (1973) compared Black and White, lower and middle class families. They found that Blacks have contact with more extended family members than Whites as well as more frequent contact. This was true for both social contact and childcare provided by the extended family.

In their study of Black extended families, Martin and Martin (1978) found a very strong support system. The extended family provided emotional and financial support to all its members and felt an obligation for their welfare. In the Black culture, and probably in other cultures where extended family members keep in close contact with one another, the extended family provides much help to the nuclear family, including assistance in childrearing. This might be expected to alleviate some of the parents' stress and help prevent or at least decrease the incidence of abuse and neglect. However, Lauderdale, Valiunas and Anderson (1980), using census data from Texas, found that the incidence of abuse and neglect was highest among Blacks, lower among Mexican-Americans, and lowest among Whites. This study did not include information on extended family networks. Perhaps these groups did not have extended families or at least did not maintain close contact with them.

Exosystem.

Within the larger exosystem, the amount of help that the family receives from the social support network was measured. The mother was asked about the help she receives from neighbors, family, clergy, social agencies, etc. This social support network does not necessarily include the child as an active participant but has an influence on the child via the home environment. Garbarino (1977) notes that

one of the necessary, but not sufficient, conditions for child maltreatment to occur is the family's isolation from support networks. Because of the many stresses in the family's life, it becomes imperative that social supports be present to help the family deal effectively with those stresses. In support of Garbarino's claim, Newberger, Reed, Daniel, Hyde and Kotelchuk (1977) report that isolated families are more likely to have maltreated children. In studying neglecting families, Polansky, Ammons and Gaudin (1985) conclude that neglecting mothers have a poorer support system and are less sociable with others than are control mothers. Although the direction of causality has not been determined, the presence or absence of a social support network seems to be an important factor in child maltreatment.

Ethnic differences in knowledge and use of the support system have been reported by other investigators. Giovannoni and Billingsley (1970) report that Whites in their study had more information about sources of social and material support in the community than Blacks and Hispanics, and Hispanics had the least amount of information. Spearly and Lauderdale (1983) state that the Whites in their study had more information about social services and tended to use them more often than Blacks and Mexican-Americans, replicating the findings of Giovannoni and Billingsley (1970).

Although ethnic differences were examined in terms of their effects on aspects of the microsystem and exosystem, they also may reflect elements of the macrosystem. Society's attitudes toward various ethnic groups are likely to have an influence on them. If the attitudes of the majority group toward the minority group, an ethnic group in this example, are negative, they are likely to lead the former to discriminate against the latter to preserve the status quo (Francis, 1976; Noel, 1976)). This may lead the members of the ethnic group to isolation from the rest of the community, partly by force and partly by choice. Parents who feel discriminated against and who do not feel in control of their lives may become frustrated and lash out at their children.

Hypotheses

In summary, the present study examined abusing, neglecting, and adequate mothers and their children. Children ranged in age from one month to 16 years. The focus was on the amount of help that the family receives from the extended family and how this relates to the mother's psychological state, the mother-child interaction and the social support network. Black, Hispanic and Anglo families were included to examine the role of the extended family across ethnic groups. Due to the difficulty in finding an Anglo adequate group, as discussed later, there

were only eight of the nine possible combinations of ethnic and caregiving groups.

Several hypotheses were tested in this study. There were five assessments, listed below in order of examining an increasingly wider environmental context within which to view the abusing, neglecting and adequate families. The first two measures looked exclusively at the mothers' psychological state. One of the assessments was the Life Experiences Survey (Sarason, Johnson, & Siegel, 1978) which measures the number of life events that the mother has experienced as negative or positive in the last year. The other assessment was the Beck Depression Inventory (Beck & Beck, 1972) which measures the mother's level of depression. It was hypothesized that abusing mothers would be less depressed than neglecting mothers; the latter kind of maltreatment is passive and this passivity probably affects other aspects of these mothers' lives, although it may be that the depression, caused by other factors (e.g., marital conflict, unemployment) causes the passivity. It was also hypothesized that Black adequate mothers would be less depressed than Black maltreating mothers and that Hispanic adequate mothers would be less depressed than Hispanic maltreating mothers. It was further expected that as a whole, increases in negative life events in the mothers' lives would be positively related to degree of depression. In addition, based on the results reported by Sarason,

Johnson, and Siegel (1978), positive life events were not expected to be correlated with depression or negative life events.

The third assessment, the Home Observation for Measurement of the Environment (HOME; Caldwell & Bradley, 1979), examined the home environment and mother-child relationship. It was hypothesized that adequate mothers would have higher scores than abusing and neglecting mothers since adequate mothers are more likely to be actively involved in their children's daily activities and in ensuring an organized home environment. It was also hypothesized that mothers of an older index child (i.e., the child in each family who was the focus of the study) would have higher HOME scores than the mothers of younger children because the former would be able to engage in more activities with their children.

The fourth assessment examined the role of the extended family. The first part of the Social Support Questionnaire (SSQ1) includes questions on the frequency and kind of contact between the nuclear and extended families. It was expected that Black and Hispanic adequate mothers would have higher SSQ1 scores (i.e., have more frequent contact with the extended family) than Black and Hispanic maltreating mothers, respectively, because adequate mothers are more likely to seek and accept help from the extended family as well as participate in family activities. An alternative

explanation is that these adequate mothers are better able to care for their children because of the support they receive from their extended family. It was further expected that Black and Hispanic maltreating mothers would have higher scores than the Anglo maltreating mothers because the extended family is not as important a part of the general Anglo culture as it is of the Black and Hispanic cultures (Hays & Mindel, 1973). It may be that the Anglo maltreating mothers do avail themselves of the services of the extended family but to a lesser extent because that relationship is not part of the culture and is viewed as a sign of weakness.

The SSQ1 scores were expected to differ by the children's ages. Siblings are included in addition to the index child because the extended family provides help to, and socializes with, the entire family. It was predicted that mothers with younger children would receive more help than mothers with only older children. In terms of depression, mothers with a higher score were expected to be less depressed than mothers with a lower score because of the support they receive. This relationship was expected to be stronger among mothers who also have a greater number of negative life events because the support is especially needed then.

The fifth assessment studied the even wider context of the social support network. The second part of the Social Support Questionnaire (SSQ2) asks the mother who she could count on, if anybody, in several kinds of situations (e.g.,

emergencies, financial difficulties) and who, if anyone, she had actually received help from in those situations in the past six months. It was hypothesized that adequate mothers would have higher scores on the SSQ2 than abusing and neglecting mothers. Maltreating families tend to be more isolated from other people and to be less informed about services available to them than other families (Giovannoni & Billingsley, 1970). It was considered that Anglo mothers might have higher scores than Black or Hispanic mothers based on the studies of Spearly and Lauderdale (1983) and Giovannoni and Billingsley (1970). The score was also expected to be higher for mothers with younger children than for mothers with only older children. In addition, the score was expected to be lower for depressed mothers and to vary with the number of negative life events. According to a review article by Cohen and Wills (1985), a buffering hypothesis would predict that SSQ2 would be lower for more depressed mothers only when the number of negative life events was high. When the number of negative life events was low, the level of support would have no beneficial effect on the mother's psychological state. The SSQ1 and SSQ2 scores were expected to be related although the exact pattern could not be anticipated. It was considered that they might be positively related because mothers who received help from their extended families would be aware of their problems and the resources available and would also

seek outside help. However, the scores might be negatively related because mothers who received help from their extended family might not need outside help. In addition, SSQ2's relation to depression and Lifeneg might be different after SSQ1 is already in the model. SSQ2 might be related to depression and/or Lifeneg only at a certain level of SSQ1.

The results of this study are important theoretically because they add new knowledge to the area, especially with respect to the role of several aspects of the microsystem and exosystem. They examine differences in ethnic background and contact with extended families in abusing, neglecting, and adequate families. There has been little research looking at all these factors together. This study was primarily descriptive, which is an essential early step in the process of labeling a factor as a causal agent. If a factor is found to play a significant role in child abuse and/or neglect, it will make researchers aware that they should include that variable in their own research. For example, if there is a significant interaction between ethnicity and extended family contact, future studies will need to measure both factors because they have an effect on abuse and neglect, even if not a directly causal one.

These results also have practical implications because they will alert human services professionals to the importance of understanding the family's culture -- not only

understanding the culture in general but also the role the extended family plays in the culture at large as well as in that particular family. In addition, if the extended family plays a positive role and helps prevent or at least ameliorate abuse, then teaching the family to utilize the extended family as a resource may improve the abusive or neglectful situation.

CHAPTER II METHOD

Subjects

The sample consisted of 32 abusing, 45 neglecting, and 20 adequate mothers, and their children. There was one index child per family, although the number and mean ages of siblings are also reported below. The abusing and neglecting families were referred to the Child Protection Team (CPT), Mailman Center for Child Development, University of Miami, because of suspected or actual child abuse or neglect. The families were usually referred to CPT for a family assessment to determine the parents' adequacy as caretakers and the appropriateness of the home environment. Other reasons for referral included the need for a medical examination to rule out abuse or neglect and the need to determine custody where there was a history of abuse or neglect. Only mothers, rather than both parents, were included in this study because most assessments done by CPT include at least the mother. The father is often absent in these homes and there is no other partner. However, data on the presence or absence of a partner is also reported below. It should be noted that the CPT does not handle cases dealing solely with sexual abuse; therefore, that category

is not included in this study. Sexual abuse was not reported in any of the families in this study.

Maltreating families were included in this study if (a) they had been referred to the CPT during the time of the study, between February and August, 1986; and (b) there actually was abuse or neglect, or the family was considered at risk (as defined below). The first criterion was necessary because one of the assessments used in this study, the Social Support Questionnaire, was devised by the author and was included in the the CPT protocol in February; data collection ended in August.

The second criterion was necessary to avoid including cases that had been dismissed as unfounded. These families were referred to CPT for suspected abuse or neglect but it was later determined that neither had occurred and that the family was not at risk for future abuse or neglect.

Families in the adequate group were contacted through health clinics and informal contacts. None of them had been referred to the Child Protection Team for suspected abuse or neglect.

In the abusing group, 75% (n=24) of cases were determined "founded;" that is, there was enough evidence to conclude that the abuse had occurred. The evidence included medical reports, histories given for the injuries by the mother and/or witnesses, police reports, observations of the home environment, and consultations with other professionals,

such as school teachers. Twenty-two percent (n=7) of cases were determined to be "at risk" because there was not enough evidence to prove that the abuse had indeed occurred but there was enough concern by the professionals involved in the case (e.g., social worker, physician, CPT member) that it had occurred and/or that it might occur in the future. One case was classified as "unknown;" that is, it had not been determined whether the injury was accidental or not. Only a very small number of cases originally referred to the CPT because of suspected abuse were subsequently determined "unfounded" and therefore excluded from the sample.

Of the abuse cases determined "founded," 96% (n=23) were for physical abuse, ranging from bruises to skull fractures; 4% (n=1) were for emotional abuse. Of those cases determined "at risk," 71% (n=5) were for physical abuse; 29% (n=2) were for emotional abuse.

Of the cases referred to the CPT for suspected neglect, 69% (n=31) were subsequently determined "founded." The same kinds of evidence in determining abuse cases were used in determining neglect cases. Thirty-one percent (n=14) of cases were determined "at risk." This label was applied when there was not enough evidence to determine that neglect had occurred but the professionals involved were very concerned about the family and the home situation and thought that neglect might occur in the future. Only a very small number of cases referred to the CPT because of

suspected neglect were subsequently determined "unfounded" and these were excluded from the sample.

Of the neglect cases determined "founded," 61% (n=19) were for physical neglect, ranging from constant dirtiness to lack of supervision; 23% (n=7) were for medical neglect, ranging from failure to immunize to failure to bring the child for medical attention for an obvious problem (e.g., swelling of the face, pain after a fall); 16% (n=5) were for emotional neglect, ranging from absence of a loving home environment to failure-to-thrive. Of those cases determined "at risk," 72% (n=10) were for physical neglect; 21% (n=3) were for medical neglect; 7% (n=1) were for emotional neglect.

The abusing, neglecting and adequate families came from each of three ethnic groups, Blacks, Anglos, and Hispanics, based on the mother's ethnicity. Miami has a culturally diverse population and the Child Protection Team receives referrals for families from these three groups. However, due to the difficulty in finding any Anglo families in the health clinics or through informal contacts, and because of possible confounding if adequate families were selected from another type of agency or geographic area, there were no Anglo adequate families included in the sample. A sample recruited from a different population would have potentially resulted in a control group that was different from the other groups. Thus, the sample was divided into eight

groups: Black, Hispanic, and Anglo abusing groups; Black, Hispanic, and Anglo neglecting groups; and Black and Hispanic adequate groups.

The families were primarily from a lower socioeconomic class. These make up the majority of cases referred to the Team. In this sample, 51.55% of the mothers were receiving Aid to Families with Dependent Children and/or food stamps, and 77.32% of all mothers were unemployed. Only 17.32% of all mothers were not receiving government aid and were working part or full time in skilled or unskilled jobs.

The mean educational level for the sample was 10.7 years. Among the eight groups, only the Hispanic neglecting group differed significantly from the other groups with a mean of 8.4 years (see Table 1). The mean maternal age for the sample was 28.5 years. There were no significant group differences.

The mean age for the index child was 4.7 years and there were significant group differences. The children in the Black and Hispanic abusing families had significantly higher means, both of 7.0 years. The children in the Hispanic adequate families had a significantly lower mean of 2.0 years. The other groups with intermediate means, did not differ from each other. There were 47 girls and 51 boys. The sex ratio was not significantly different among the groups.

TABLE 1

Means for Maternal and Child Descriptive Data in Each
Caregiving and Ethnic Group¹

Subject Group	N	Maternal		Index Age	Child's Sex (n)	
		Education	Age		F	M
Abusing						
Black	15	11.9	30.2	7.0 ^a	8	7
Hispanic	8	11.7	31.9	7.0 ^a	5	3
Anglo	9	11.6	29.7	5.6	6	3
Total	32	11.7	30.5	6.6	19	13
Neglecting						
Black	25	11.0	28.0	4.0	12	13
Hispanic	9	8.4 ^a	26.4	4.5	3	6
Anglo	11	10.8	29.6	5.0	3	8
Total	45	10.4	28.1	4.3	18	27
Adequate						
Black	11	11.0	24.6	2.6	6	5
Hispanic	9	10.7	31.3	2.0 ^b	4	5
Total	20	10.8	27.6	2.4	10	10
Total	97	10.7	28.5	4.7	47	50

¹Groups with different letters are significantly different from each other, $p < .05$. Groups without letters are not different from any other group.

The mean number of siblings (excluding the index child) for families in the sample was 1.55 with no significant group differences (see Table 2). The mean number of household members (including the index child) was 4.71 with no significant group differences.

Measures

There were five measures, listed in order of examining an increasingly wider environmental context within which to view the abusing, neglecting and adequate families. The

TABLE 2

Mean Household Data by Caregiving and Ethnic Groups¹

Subject Group	N	Number of Siblings in Home	Number of Household Members
Abusing			
Black	15	2.20	5.13
Hispanic	8	1.25	4.38
Anglo	9	1.33	4.44
Neglecting			
Black	25	1.40	5.08
Hispanic	9	2.00	5.00
Anglo	11	1.70	4.91
Adequate			
Black	11	1.00	3.73
Hispanic	9	1.44	4.22
Total	97	1.55	4.71

¹There were no significant group differences.

first two measures looked exclusively at the mothers' psychological state. One of the measures, the Life Experiences Survey (LES), lists several potentially stressful events such as death of a spouse, new job, and major change in social activities (Sarason, Johnson, & Siegel, 1978). The mother states if each of these events occurred in the last year and the degree of impact, positive, negative or none, that the event had on her life. A higher positive score is indicative of a high number of positive events in the mother's life, a higher negative score is indicative of a high number of negative events. A total score is also computed. Test-retest reliability for the LES, based on two studies reported by Sarason, Johnson

and Siegel (1978), was moderate for the positive score, (.19 and .53), and higher for both the negative score (.56 and .88), and the total score, (.63 and .64). The correlations were all significant at $p < .001$. The LES was modified for use at the CPT because of the population being assessed. The measure was often given verbally and it was very difficult to obtain a measure of how positive or negative the event was for the mother. She was only asked if it had happened and whether it had been positive or negative. The items were also reduced from 57 to 38, by collapsing some of the items together and eliminating the items for students. The LES is presented in Appendix A.

The other measure was the Beck Depression Inventory (BDI) which assessed the mother's level of depression (Beck, 1967). A higher score is indicative of more severe depression. Split-half reliability for the BDI, obtained from several studies, is approximately .90 and the test-retest reliability is approximately .75 (Williams, 1984). The shortened version of the BDI was used in this study (Beck & Beck, 1972). It correlates .96 with the longer version and .61 with clinical ratings of depression (Beck & Beck, 1972). The BDI is presented in Appendix B.

The third measure, the Home Observation for Measurement of the Environment (HOME), examined the mother-child relationship and the mother's organization of the home environment (Caldwell & Bradley, 1979). The HOME is

designed for use with young children and it was administered to a subsample of families with younger children. The HOME is based on questions to the mother and direct observation. It examines the mother's behaviors towards the child and the way that she structures the child's environment. Examples of measures on the infant/toddler version for newborns to three-year-olds are verbal responsivity, provision of play materials, and parental involvement with the child. Examples of measures on the preschool version for three- to six-year-olds are learning stimulation, language stimulation, and acceptance. The interviewer records whether each item (e.g., a maternal behavior, a toy or other object) is present or absent. About two thirds of the items are observable; the remaining items rely on the mother's report. A higher score is indicative of a more positive mother-child interaction (e.g., the mother is responsive to the child's requests) and a structured home life (e.g., daily routines are followed). Interrater reliability for the HOME ranges from 75% (Wachs, Uzgiris & Hunt, 1971) through 92% (Ramey & Mills, 1977) to 94.6% (Caldwell, 1967). Concurrent validity, as measured by correlations between the HOME and socio-economic status variables (e.g., welfare status, crowding in the home,) ranges from .30 to .60 (Elardo, Bradley & Caldwell, 1977; Saxon & Witriol, 1976). The Infant/Toddler HOME is in Appendix C, the Preschool HOME in Appendix D.

The fourth measure, Part 1 of the Social Support Questionnaire (SSQ1), examined the role of the extended family. The SSQ1 includes questions on the number of extended family members the family has contact with and the frequency of contact with those family members. A higher score indicates more frequent contact with a greater number of family members. The mother was also asked if contact between the nuclear and extended families was primarily social, involving parties and dinners together, or instrumental, involving babysitting and borrowing money, or if both kinds of contact characterized the relationship with the extended family.

The fifth measure, Part 2 of the Social Support Questionnaire (SSQ2), examined the mother's social support network which includes neighbors, family, clubs, church groups, government agencies, etc. The SSQ2 asks the mother who she would turn to, if anybody, in several kinds of situations (e.g., emergencies, illnesses, financial crises). The questionnaire also asks if the mother has had to face that situation in the last six months and how satisfied she is with the help she received. This measure should provide an index of the resources the mother is aware of and actually uses. A higher score is indicative of a greater willingness to seek outside help for family difficulties and greater satisfaction with that help. The Social Support Questionnaire was devised by this author, drawing from items

and ideas on other existing scales (Personal Resource Questionnaire, Brandt & Weinert, 1981; Impact of Sickle Cell Anemic Children Upon Black Extended Family Functioning: Adult Interview, Slaughter & Anderson, 1983). The full Social Support Questionnaire is provided in Appendix E.

Procedure

The data were collected by case coordinators of the Child Protection Team, including the author. Four coordinators had bachelor's degrees, three had master's degrees, and one had a doctoral degree. Before the data for the study were gathered, the case coordinators were trained on the job, making home visits with other coordinators before being assigned their first case. Cases were assigned randomly with the one constraint of language. Coordinators represented a wide variety of racial and ethnic groups and all coordinators were involved in interviewing subjects of all the groups studied, except one. For practical reasons, all data on the adequate sample were collected by this author. Most assessments are structured, with a list of options for each question, making them relatively objective. Although some variability is inevitable because different raters were involved, this is most likely to occur similarly in the different groups.

The coordinators visited the families at their home where all the measures were administered. The measures were

usually administered verbally because the mothers often had difficulty reading the questions. The scoring of the assessments for each family was done according to standardized scoring procedures. The SSQ did not have a standardized scoring procedure since it was developed for this study, but a scoring procedure was set up and was followed by all coordinators. The scoring was done by the CPT coordinator assigned to that family.

The visits lasted between one and three hours. On occasion the length necessitated a second visit. The measures were administered in random order. Clarification of questions was provided as necessary.

CHAPTER III RESULTS

Overview

The design included eight groups based on ethnicity and caregiving status: Black, Hispanic and Anglo abusing groups; Black, Hispanic, and Anglo neglecting groups; and Black and Hispanic adequate groups. There were five assessment scores for the entire sample: perceived positive life events (Lifepos), perceived negative life events (Lifeneg), depression (Beck), extended family help (SSQ1), and social support (SSQ2). In addition, the HOME score was obtained for a subsample as a measure of mother-child interaction.

The Lifepos score is the number of life events on the Life Experiences Survey that the mother reported had had a positive effect on her in the last year. The Lifeneg score was the number of events that the mother reported had had a negative effect on her. The Beck score was the total score on the Beck Depression Inventory and indicates the mother's level of depression. The SSQ1 score, obtained from the Social Support Questionnaire, indicates the amount of contact that the mother has with the extended family. The SSQ2 score, obtained from a different section of the same questionnaire, indicates the amount of help the mother

receives from her social support system. The HOME score is obtained from a structured set of observations and questions which indicates how organized and stimulating the home environment is and how involved the mother is with the child.

The results will be presented by the kinds of analyses performed. First, the assessment means for the different groups will be compared to determine which groups differ from each other and on what variables. Second, these means will be compared to the norms, when available, to determine how this sample compares to normative samples. Third, the ability to classify subjects into the three caregiving groups using the assessment scores will be examined by reporting the results of discriminant analyses. Fourth, the relationships among the measures will be examined, mostly using correlation coefficients. Fifth, age differences will be investigated, also using correlation coefficients. Sixth, and last, post hoc hypotheses will be examined based on some demographic data.

Comparisons Among All Groups

For the five assessment scores obtained on all subjects, scores for each of the eight groups are presented in Table 3. One-way Analyses of Variance revealed significant effects of two variables. Lifepos differed among the groups, $F(7, 89)=3.03$, $p<.007$. A follow-up Duncan test

revealed that the means for the Black adequate and Anglo abuse groups were significantly higher than the means for the Black abuse, Anglo neglect, and the Hispanic abuse and adequate groups. The Black and Hispanic neglect groups, with intermediate means, did not differ from the other groups. There were also differences on SSQ1, $F(7, 89)=2.38$, $p<.029$. The Black adequate group had a significantly higher mean than the other seven groups, and these seven did not differ from each other. Contrary to predictions, there were no significant differences on Lifeneg, Beck and SSQ2.

TABLE 3

Mean Assessment Scores for Caregiving by Ethnic Groups¹

Subject Group	N	Lifepos	Lifeneg	Beck	SSQ1	SSQ2
Abusing						
Black	15	1.47 ^b	3.00	3.00	166.07 ^b	32.07
Hispanic	8	1.88 ^b	1.75	5.50	197.12 ^b	39.25
Anglo	9	3.78 ^a	3.56	4.78	150.44 ^b	36.78
Total	32	2.22	2.84	4.12	169.44	35.19
Neglecting						
Black	25	2.36	3.72	7.32	212.44 ^b	35.20
Hispanic	9	2.78	4.33	5.44	170.00 ^b	35.44
Anglo	11	1.73 ^b	1.09	3.82	166.09 ^b	34.09
Total	45	2.29	3.20	6.09	192.62	34.98
Adequate						
Black	11	4.00 ^a	2.91	5.91	317.73 ^a	32.73
Hispanic	9	1.78 ^b	2.33	3.56	164.33 ^b	29.44
Total	20	3.00	2.65	4.85	248.70	31.25
Total	97	2.41	2.97	5.18	196.54	34.28

¹Groups with different letters are significantly different from each other, $p<.05$. Groups with no letters are not different from any other group.

The kind of contact with the extended family differed by ethnic group, although the chi-square statistic was not significant. Few families in all three ethnic groups received only instrumental help from the extended family such as loans and babysitting (see Table 4). A greater proportion of families engaged only in social contact with the extended family, having dinners and parties together, or had both kinds of contact. Blacks and Hispanics were more likely to get instrumental help as well as engage in social contact with the extended family while Anglos were more likely to engage only in social contact.

TABLE 4

Frequencies for Kind of Contact with Extended Family by Ethnic Groups

Subject Group	N	Instrumental (%)	Social (%)	Both (%)	No contact (%)
Black	51	2 (3.92)	20 (39.22)	26 (50.98)	1 (1.96)
Hispanic	26	4 (15.38)	8 (30.77)	12 (46.12)	1 (3.85)
Anglo	20	1 (5.00)	12 (60.00)	6 (30.00)	1 (5.00)
Total	97	7 (7.22)	40 (41.24)	44 (45.36)	3 (3.09)

The HOME was available for a subsample of 54 subjects. In the abuse group, there were 6 Blacks, 3 Hispanics, and 4 Anglos. In the neglect group, there were 15 Blacks, 4

Hispanics, and 7 Anglos. In the adequate group, there were 8 Blacks and 7 Hispanics. The subsample did not differ from the rest of the sample on maternal age and education, and number of siblings. However, the mean age of the index child in the subsample was lower than the mean for the sample, 1.50 and 8.66 years, respectively. The mean number of household members was significantly higher for the subsample than for the sample, 4.91 and 4.46 members, respectively. For practical reasons, the HOME was available only for the younger children. Contrary to the hypotheses, there were no significant group differences on the HOME among the abusing, neglecting, and adequate groups (see Table 5 for the means).

TABLE 5

Mean HOME Scores and Maternal and Children's Ages by
Caregiving and Ethnic Groups

Subject Group	N	HOME	Maternal Age	Index Child's Age
Abusing				
Black	6	29.00	24.50	2.56
Hispanic	3	32.33	30.00	0.38
Anglo	4	33.25	27.00	0.83
Total	13	31.08	26.54	1.52
Neglecting				
Black	15	27.80	24.60	1.58
Hispanic	4	33.25	26.75	2.30
Anglo	7	34.29	25.14	1.34
Total	26	30.38	25.08	1.63
Adequate				
Black	8	31.63	22.38	0.92
Hispanic	7	33.86	31.71	1.62
Total	15	32.67	26.73	1.24
Total	54	31.18	25.89	1.50

Absolute Levels on All Measures

The scores on the Life Experiences Survey could not be compared to the norms because of the modifications made for this study. The norms were based on a seven point scale for judging the impact of a life event while the inventory as used in the present study had only a three point scale. In addition, there were fewer items on the modified version. An examination of the actual scores indicates that scores were not very high. The total number of items on the modified scale is 38. The range of scores on Lifepos was 0 to 10 and only three subjects scored above a five. The range of scores on Lifeneg was 0 to 13 and 11 subjects scored above a five. The total scores ranged from 0 to 19.

The scores on the Beck Depression Inventory were compared to the norms for the short version. The maximum score on the short version is 39. According to the norms, a score between 0 and 4 indicates minimal or no depression, 5 to 7 indicates mild depression, 8 to 15 indicates moderate depression, and 16 and above indicates severe depression. The scores in this sample ranged from 0 to 26. Fifty-two subjects experienced minimal or no depression, 20 experienced mild depression, 21 experienced moderate depression, and 4 experienced severe depression.

In order to compare the HOME scores to the norms, separate means were calculated for the Infant/Toddler and Preschool versions. The maximum score on the Infant/Toddler

version is 45. The mean of 30.19 was very similar to the mean for the norm of 31.20. The maximum score on the Preschool version is 55. The mean of 35.09 was slightly lower than the mean for the norm of 37.54.

There are no norms for the Social Support Questionnaire (i.e., SSQ1 & SSQ2) since it was constructed for this study. The scores on the SSQ1 ranged from 0 to 574, although the means for the eight ethnic by caregiving groups suggested moderate to high involvement with the extended family in all groups. On the SSQ2, the scores ranged from 10 to 69, and the means indicate at least an adequate social support system in all groups. The maximum possible scores on both parts of the questionnaire are larger than the largest scores obtained in this sample because some questions have many options and the subject can mark as many options as she wishes.

Discriminant Analyses

The data were analyzed by discriminant analyses, using the first five assessment scores to determine which ones, if any, predict membership in the three caregiving groups (abusing, neglecting, and adequate).

The discriminant analyses were performed for each ethnic group separately because (a) there was a missing cell (Anglo adequate), (b) the ethnic groups were distributed unevenly among the caregiving groups and this might confound the

results, and (c) a general linear model analysis revealed significant interactions between ethnicity and caregiving.

The discriminant analysis utilizes a linear combination of the five assessment scores to classify each case into one of the caregiving groups, taking into account the proportion of cases that actually fall into each group in this sample. For example, the analysis takes into account the fact that the number of Blacks in the neglecting group is higher than the number in the abusing group which, in turn, is higher than the number in the adequate group. A threshold is specified and it is .50 in this sample. That means that the probability that a case will fall into any one group must be higher than 50% before the case can be classified into that group. For example, if a case reaches a threshold of .50 or higher for the abusing group but actually belongs in the neglecting group, that case is said to be misclassified in the abusing group. If a case does not reach the specified threshold for any group then it is not classified. This means that knowing the five scores for that case does not allow a determination of which group it belongs in. If there are more than a few of these cases, then the model is not a good predictor. The threshold of .50 was chosen for this study in order to minimize the proportion of unclassifiable cases. A higher threshold would increase the proportion of those cases. A lower threshold was not chosen because that, in turn, would increase the proportion of cases that would be misclassified.

A stepwise procedure determines which variable or variables are entered into the model, that is, which variables are most responsible for the correct classification of the cases. The stepwise procedure also indicates the amount of variation in classification explained by caregiving status.

Black Families

There were 15 families in the abuse group, 25 in the neglect group, and 11 in the adequate group. Using the five assessment scores to predict caregiving group membership, 49.02% ($n=25$) of the families were classified into the correct group, 25.49% ($n=13$) were misclassified, and 25.49% ($n=13$) were not classifiable because they did not reach the specified threshold of .50. The correct classification of 49.02% is below the chance level of 75.80% which is based on the proportion of cases in each caregiving group.

A stepwise procedure was used to determine which of the assessments would be entered into the model first. SSQ1 was the first variable entered, $F(2, 48)=5.762$, $p<.006$. Caregiving status accounted for 19.4% of the variance in SSQ1. Beck was the second variable entered, $F(4, 94)=4.621$, $p<.002$. The squared multiple correlation between Beck and caregiving status was .134, when SSQ1 was controlled. No other variable could be entered into the model. Thus, in Black families, as reflected in the initial analyses of the

means reported earlier, there was more contact with the extended family in the adequate group than in the maltreating groups, as hypothesized. Although the adequate group did not have the lowest Beck mean as had been predicted, its mean was lower than the mean for the neglect group. It had been predicted that the neglect group would be the most depressed group.

Hispanic Families

There were eight families in the abuse group, nine in the neglect group, and nine in the adequate group. Of these families, 65.38% ($n=17$) were correctly classified into the caregiving groups, 11.54% ($n=3$) were misclassified, and 23.08% ($n=6$) were not classifiable. The correct classification of 65.38% of the subjects is above that expected by chance alone (33.4%), when taking into account the proportion of cases in each caregiving group.

In the stepwise procedure, Lifeneg was the first variable entered into the model, $F(2, 23)=3.922$, $p<.035$. Caregiving status accounted for 25.43% of the variance in Lifeneg. No other variable could be entered into the model. The neglect group perceived a greater number of life events as negative than did the abuse or adequate groups.

Anglo Families

There were nine families in the abuse group and 11 in the neglect group. Ninety percent ($n=18$) were correctly classified, none were misclassified, and 10% were not classifiable. The accuracy rate is higher than the chance level of 50.5%.

In the stepwise procedure, only the variable Lifepos was entered into the model, $F(1, 18)=5.699$, $p<.029$. Caregiving status accounted for 24.05% of the variance in Lifepos. No other variable could be entered into the model. Thus, in the Anglo families, the abuse group perceived a greater number of life events as positive than did the neglect group.

In summary, within each ethnic group there was at least one significant predictor of caretaking status. The most interesting finding is that the predictor varied from one ethnic group to another.

Relationships Among Measures

Due to the nature of the other hypotheses, the analyses that follow are primarily composed of Pearson correlation coefficients.

Contrary to the expectation of a positive correlation between Beck and Lifeneg, there were no significant correlations. In line with the expectation of no correlation between Beck and Lifepos, there was a

significant correlation only in one of the eight groups, the Anglo neglect group, $r = -.651$, $p < .031$. When the correlations were run for the caregiving groups and ethnic groups separately to increase the number of subjects and thereby add power to the tests, there were no additional significant correlations.

The HOME, for the subsample, was negatively correlated with the number of household members, $r = -.280$, $p < .040$. When examining the correlations within the caregiving groups to better examine the relationship, the neglecting group was the only group with a significant correlation, $r = -.405$, $p < .041$. In both instances, the greater the number of household members, the lower was the HOME score. Household members, in addition to the mother and her children, included the mother's partner, parents, siblings, and other relatives. The HOME was not correlated with the number of siblings in the three caregiving groups, but it should be noted that as would be expected, the number of household members and number of siblings were significantly correlated, $r = .447$, $p < .001$.

The prediction that SSQ1 would be related to depression was not supported by the analysis. The results were negative by ethnic group, caregiving group, and ethnic by caregiving group. SSQ1 was also unrelated to Lifeneg, again contrary to the prediction.

The hypothesis that SSQ2 would be related to depression was not supported by ethnic, caregiving or ethnic by caregiving groups. However, as predicted, SSQ2 was positively correlated to Lifeneg, although only in the Black group, $r=.336$, $p<.016$. The buffering hypothesis which would predict that SSQ2 be related to depression when the number of negative life events is high but not when the number is low, was tested by correlating SSQ2 with depression for two levels of Lifeneg, based on the median. There were no significant correlations, which is evidence against this hypothesis. According to Cohen and Wills (1985), the lack of significant results may be due to the absence of a correlation between depression and Lifeneg or the fact that the Social Support Questionnaire did not only ask about social support that the mother felt would be available should she need it but also about social support she had actually received in the past.

Another hypothesis was that SSQ2 might be related to depression and Lifeneg once SSQ1 was already in the model. Correlations were run for high and low levels of SSQ1, based on the median. No correlations were significant when SSQ1 was low. When SSQ1 was high, SSQ2 was positively correlated to Lifeneg, $r=.337$, $p<.018$. Thus, mothers with greater extended family contact were more likely to receive help from the social support network as the number of negative life events increased.

Age Comparisons

The hypothesis that the HOME would be positively correlated with the index child's age and maternal age was supported but only in the Black adequate group. In this group, the HOME by maternal age correlation was $r=.838$, $p<.010$, and the HOME by child's age correlation was $r=.899$, $p<.003$. Thus, older mothers and mothers with older children had higher HOME scores. Surprisingly, in the Hispanic adequate group, the HOME by maternal age correlation was negative, $r=-.782$, $p<.038$.

The relationship between SSQ1 and the index child's age was not examined because the extended family provides help and contact to the entire family, not just the index child. A more valid test of the relationship included the ages of the index child and all siblings. A mean age for each family was calculated, using the ages of the index child and the siblings. Contrary to the hypothesis, there were no significant correlations by ethnic, caregiving, or ethnic by caregiving groups.

SSQ2 was correlated to the mean age of the children in the Anglo abusing group, $r=-.707$, $p<.034$. Mothers with older children were less likely to receive help from the social support system than mothers with younger children, as had been expected, but only in this group.

Other Questions

Although not part of the original hypotheses, the presence or absence of an intimate partner was examined because having a husband or boyfriend in the house might provide the mother with some support. This support could be emotional, financial, or both. Families were divided into two groups, based on the presence or absence of a husband or boyfriend living in the home. For the sample, only 33% of the mothers had an intimate partner living with them. In the abusing group, 50% ($n=16$) of mothers were living with a husband or boyfriend. In the neglecting group, 18% ($n=8$) were living with a husband or boyfriend. In the adequate group, it was 40% ($n=8$). These proportions were significantly different from each other, $\chi^2(2)=9.344$, $p<.009$. The neglecting group had a very low percentage when compared to the other two groups. To determine whether having a live-in husband or boyfriend had an impact on the mother in terms of the assessment scores, means were compared using Duncan tests within each caregiving group. In the abusing group, mothers with partners had a significantly higher Lifenege mean than mothers without partners, 3.81 and 1.88, respectively. In the adequate group, as might be expected, mothers with partners had a significantly lower Beck mean than mothers without partners, 2.00 and 6.75, respectively.

There were four questions in the demographics questionnaire that might be expected to differentiate the abuse and neglect groups from the adequate group. They also represent post hoc hypotheses. The first two questions were (a) Has your child ever been hospitalized? and (b) Is your child taking any medications (excluding vitamins)? The mother answered yes or no to each question. These questions make up the first category and indicate the presence of injuries or illnesses. It was expected that the maltreating groups would answer yes to one or both questions more often than the adequate group. It should be noted that this was not merely a reflection of hospitalization and medication related to the present maltreatment case. Only a small number of maltreated children were hospitalized or on medication for the present case of maltreatment. The next two questions were (c) Are your child's immunizations up to date? and (d) Does your child receive regular medical check-ups? These questions make up the second category which seems to indicate the mother's sense of responsibility and involvement in the child's physical well-being. It was expected that the adequate group would answer yes to one or both questions more often than the maltreating groups.

The frequencies are presented in Table 6. Separate chi-square statistics were performed for the two categories. For the first category, the maltreating groups were more likely than the adequate group to have had their children

hospitalized at some point and on medications in the present, $\chi^2(2)=9.38$, $p<.009$. For the second category, the adequate group was more likely than the maltreating groups to have their children's immunizations up to date and to take them for regular check-ups, although the chi-square statistic was not significant. Thus, there was partial support from these post hoc analyses.

TABLE 6

Frequencies for Child's Hospmed and Immwell by Caregiving Group¹

Subject Group	N	Hospmed		Immwell	
		Yes ²	No	Yes	No
Abuse	32	13	19	25	7
Neglect	45	25	20	36	9
Adequate	20	3	17	20	0
Total	97	41	56	81	16

¹Hospmed is comprised of the questions on hospitalization and medication; Immwell of the questions on immunizations and medical check-ups.

²Number of mothers responding yes to one or both questions.

CHAPTER IV DISCUSSION

The results and their implications will now be examined within Bronfenbrenner's ecological model (Bronfenbrenner, 1977; Bronfenbrenner & Crouter, 1983). The microsystem factors will be presented first and these will be followed by the exosystem factors. After discussing the results, the limitations of the study and possible solutions will be presented. Finally, the direction future research in the area might take, as seen from the perspective of this study, will be discussed.

Microsystem

The results showed three significant predictors within the microsystem. The most striking outcome was the ethnic differences. For the Blacks, the analyses showed that the adequate group had more contact with the extended family than the maltreating groups and that the neglecting group was more depressed than the adequate group which in turn was more depressed than the abusing group.

For the Hispanics, the neglecting group had a greater number of negative life events than the abusing and adequate groups. For the Anglos, the abusing group had a greater number of positive life events than the neglecting group.

The ethnic differences are also apparent in that the assessments that predicted classification into the caregiving groups differed for the three ethnic groups. Thus, the most important aspects of the microsystem, with respect to child abuse and neglect, differ for the different groups. For the Blacks, the extended family plays an important role and, as expected, it plays a bigger part in the lives of the adequate families than of the maltreating families. These results are consistent with those reported in earlier studies. For example, Hays and Mindel (1973) found that Black adequate families had more contact with the extended family than White adequate families. Depression was also an important factor. The neglecting mothers were probably more depressed because, as presented in the introduction, the kind of maltreatment they are involved in is passive and this passivity may permeate other aspects of their lives. Alternatively, their depression may cause the passivity in their lives which may then cause their neglecting behavior. It should be noted that the mean age for all children in the family in this group was lower than in the other groups, except the Hispanic neglect group, although the difference was not significant. One cannot conclude, however, that this group received more help from the extended family because of the lower mean age since earlier analyses revealed no correlation between mean age and SSQ1.

It is more difficult to explain why the abusing mothers were less depressed than the adequate mothers. Perhaps the abusing mothers, who lead more active lives in general, were not depressed because they did not view their family lives as problematic. Not all mothers were aware of the reason for the family assessment. Thus, although they knew that an agency thought something might be awry in the home, the nature of the agency's concern was not always salient during the assessment. In addition, some mothers who were very aware of what the accusation was either denied having inflicted the injury (whether physical or emotional) or denied that the infliction was more severe than necessitated by discipline. Thus, regardless of whether the injury was accidental or inflicted, the mother's level of depression might be more a function of her perception of the injury rather than the viewpoint of the agency or the "outside world."

For the Hispanics, the number of negative life events differentiated the groups. The neglecting mothers experienced more negative life events than the abusing and adequate mothers. Continuing with the hypothesis that neglecting mothers lead a more passive life, it is plausible to assume that they also tend to view their lives negatively and are more likely to perceive events as negative, rather than as positive or neutral. However, it is possible that neglecting mothers, at least those who are Hispanic,

actually do experience more negative life events than other mothers (as indicated by the means) and this may cause or at least precipitate the neglect which may be a part of a more general uninterested or uncaring viewpoint. The neglecting mothers were, in fact, more depressed than the adequate mothers. It should be noted that some Hispanic mothers were recent immigrants to the United States, an event that would be considered stressful, although it was not assessed in the study. In addition, this group had the lowest mean level of education which might restrict their options in coping with their problems. Perhaps they are less able to obtain needed resources, financial, emotional or otherwise, for their families.

For the Anglos, the important factor was the number of positive life events, with the abusing mothers reporting more positive life events than the neglecting mothers. There was a high positive correlation between positive and negative life events in the abusing group but not in the neglecting group. In addition, the mean depression level for the abusing mothers was higher than for the neglecting mothers. It may be that, at least among the Anglos, abusing mothers experience a greater number of potentially stressful events, whether positive or negative, that put a strain on the mothers. This might possibly lead the mothers to use physical or verbal force against their children. The fact that they experience a higher level of depression than

neglecting mothers, the opposite of the Blacks and Hispanics, may indicate a perceived or real inability to deal with the stress. Interestingly, a moderate negative correlation between positive life events and depression was found only in the neglecting group and not in the abusing group. The neglecting mothers with a greater number of positive events were also less depressed. Positive events did not have that effect in the abusing group.

An unexpected finding was that the amount of contact with the extended family was not related to depression or negative life events in any of the groups. Perhaps this is because a high proportion of families had at least some contact with the extended family. Few families had only yearly contact with their extended families. It may be that few families in this study were truly isolated, and most received at least some support from relatives. There was, however, an ethnic by caregiving group interaction. As already discussed, the Black adequate group had significantly more extended family contact than any other group, partly replicating the findings of Giovannoni and Billingsley (1970) that Black and Hispanic families and adequate families had more contact with the extended families than White families and neglecting families.

In terms of age comparisons, the HOME, the measure of the home environment and mother-child interaction, was related to the child's age only in the Black adequate group. This

is possibly because the mothers of older children are able to engage the child in structuring the home, making her parenting role easier for her. In addition, older children may be participating in more activities outside the home which would increase the HOME score. The fact that this was found only in the Black adequate group may be explained by the positive correlation in this group between the mother's age and the HOME scores. Mothers with older children may be scoring higher on the HOME because they themselves are older and possibly more experienced.

Exosystem

The amount of help that the mother receives from the social support network was not a significant factor in the discriminant analyses. However, it was related to the number of negative life events in the Black group, indicating that mothers with a higher number of negative life events were seeking and receiving support.

Social support was correlated with the mean age for all children in the family only in the Anglo abusing group. The younger the child, the more support the mother sought and received. This would be expected since younger children make more demands on a mother's time and energy. It is surprising, though, that this relationship was not found among the adequate families in the other ethnic groups.

Although only some of the hypotheses were supported by the analyses, it is significant to note that many of the significant results indicated differences among the groups rather than effects found for the sample as a whole. The ethnic differences are especially interesting because of the sparsity of research in the area that includes both abusing and neglecting groups in three ethnic groups. It is unfortunate that the absence of an Anglo adequate group made it necessary to be very cautious in interpreting differences between maltreating and adequate families. This study does show that because there are important ethnic differences, studies that include only Anglo families should not extrapolate to other groups.

Limitations of the Study

An obvious explanation for the fact that some of the expected results did not reach significance is that the relationships do not exist. However, several limitations of the study may account for some of the nonsignificant findings. It might be fruitful to examine these limitations and how they may be overcome in order to lead to a better assessment of the important factors involved in child abuse and neglect in the different ethnic groups.

One limitation was the sample size. Although in most cases it was at least minimally adequate for the analyses by ethnic, caregiving, and ethnic by caregiving groups, it was

not possible to divide the groups further by some of the demographic variables of interest for finer analyses. The pattern of results was complex and perhaps these more detailed analyses would have provided more answers. A related issue is the absence of an Anglo adequate group that prevented some generalizations from being made. There were many ethnic by caregiving interactions and the results are difficult to interpret because of the absence of that one cell. The obvious solution to this problem would be to obtain a larger sample with all cells represented. Given the amount of time, resources and contacts required for this type of research, increasing the sample size would be difficult but the rewards are potentially great.

Another limitation was the lack of the type of information that might have helped explain some of the findings. For example, it would have been useful to know whether the mothers who had higher extended family scores were asking for that help or receiving it automatically and whether they were satisfied with that relationship.

Directions for Future Research

Improving on the limitations mentioned is a good first step but additional ideas for future research demand attention. First, one might interview the fathers whenever present. This would add information on the father's role in childcare and discipline. Since fathers are commonly absent

in these homes, this information would only be available for a subsample but would provide useful information.

One might also directly assess the mother's parenting skills, her knowledge about child development, and her attitudes toward parenting in general and discipline in particular. This would allow one to examine what skills abusing and neglecting mothers have, what skills they lack, and what skills or lack of skills differentiate the two groups. It may be an ignorance of appropriate parenting skills that leads to the abuse or neglect. However, it may be more a matter of attitudes than skills. Recall that researchers have reported that maltreating parents sometimes view their children as property. A mother who is able to care for her children physically as well as provide them with learning experiences, but who believes that her children will behave only if she gives them a good spanking (or beating), is likely to use physical force. Thus, her parenting is appropriate except when her children misbehave. Inexperience with the necessary skills may be more of an issue with neglecting mothers than abusing mothers. The neglecting mother does not discipline her children harshly but she may not be providing any control at all. And she may be unable or unwilling to provide the adequate physical and emotional environment for them.

It would be interesting to interview one or more members of the extended family regarding their perception of their

role in providing support to the nuclear family. Satisfaction with that relationship could be measured on both sides. This would provide a better assessment of extended family support. If contact was high but satisfaction of one or both parties was low, the positive effects of contact would be eliminated. Related to this would be the questions of whether the support is requested or volunteered, and whether the relationship is reciprocal. In addition, it would be interesting to question the extended family members regarding their attitudes toward parenting and discipline to examine how well they matched with the mother's attitudes.

Perhaps the most significant finding overall was that whatever the specific assessments used or questions asked, it is clearly important to study different ethnic groups and to examine the factors that differentiate them. Further research guided by this framework not only would allow a richer knowledge of the factors involved in child maltreatment, but it might point to differences among groups that need to be addressed when treating families. This would add a degree of individualization to intervention. This is especially important in geographic areas with different ethnic populations. These results would generalize to those areas in terms of the importance of treating the families differently but research would be needed to discover the specific ways in which those groups differed.

APPENDIX A
THE LIFE EXPERIENCES SURVEY

Listed below are a number of events which sometimes bring about change in the lives of those who experience them. For each event that you have experienced in the last year, mark the kind of impact it had on your life at the time it occurred. If it had a negative impact on your life, place an N in the box beside the event. If it had a positive impact, place a P in the box. If it had no impact, place an O in the box.

N = negative impact P = positive impact O = No impact

1. Marriage	
2. Detention in jail or comparable institution	
3. Death of spouse	
4. Major change in sleeping habits (much more or much less sleep)	
5. Death of close family member	
6. Major change in eating habits (much more or much less food intake)	
7. Foreclosure on mortgage or loan	

8. Death of a close friend	
9. Minor law violations (traffic tickets, disturbing the peace, etc.)	
10. Male: Wife/girlfriend's pregnancy	
11. Female: Pregnancy	
12. Changed work situation (different work responsibility, major change in working conditions, etc.)	
13. New job	
14. Serious illness or injury of close family member	
15. Sexual difficulties	
16. Trouble with employer (in danger of losing job, being suspended, etc.)	
17. Trouble with in-laws	
18. Loss of usual income	
19. Major change in closeness of family members (increased or decreased closeness)	
20. Gaining a new family member (through birth, family member moving in, etc.)	

21. Change of residence	
22. Marital separation from mate (due to conflict)	
23. Marital reconciliation with mate	
24. Change in partner's work	
25. Owing too much money	
26. Being robbed, mugged	
27. Being fired from job	
28. Male: Wife/girlfriend having abortion	
29. Female: Having abortion	
30. Major personal illness or injury	
31. Major change in social activities, e.g, movies, parties, visiting (increased or decreased participation)	
32. Divorce	
33. Serious injury or illness of close friend	
34. Son or daughter leaving home (due to marriage, college, etc.)	
35. Separation from spouse (due to work, travel, etc.)	

36. Breaking up with boyfriend/girlfriend	
37. Leaving home for the first time	
38. Reconciliation with boyfriend/girlfriend	

APPENDIX B
BECK DEPRESSION INVENTORY

On this questionnaire are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, right now! Make a check beside the statement you have chosen. If several statements in the group seem to apply equally well, check each one.

Be sure to read all the statements in each group before making your choice.

1. ☐ I am so sad or unhappy that I can't stand it.
☐ I am blue or sad all the time and I can't snap out of it.
☐ I feel sad or blue.
☐ I do not feel sad.
2. ☐ I feel that the future is hopeless and that things cannot improve.
☐ I feel I have nothing to look forward to.
☐ I feel discouraged about the future.
☐ I am not particularly pessimistic or discouraged about the future.

3. ☐ I feel I am a complete failure as a person.
☐ As I look back on my life, all I can see is a lot of failures.
☐ I feel I have failed more than the average person.
☐ I do not feel like a failure.
4. ☐ I am dissatisfied with everything.
☐ I don't get satisfaction out of anything anymore.
☐ I don't enjoy things the way I used to.
☐ I am not particularly dissatisfied.
5. ☐ I feel as though I am very bad or worthless.
☐ I feel quite guilty.
☐ I feel bad or unworthy a good part of the time.
☐ I don't feel particularly guilty.
6. ☐ I hate myself.
☐ I am disgusted with myself.
☐ I am disappointed in myself.
☐ I don't feel disappointed with myself.
7. ☐ I would kill myself if I had the chance.
☐ I have definite plans about committing suicide.
☐ I feel I would be better off dead.
☐ I don't have any thoughts of harming myself.

8. ☐ I have lost all of my interest in other people and don't care about them at all.
- ☐ I have lost most of interest in other people and have little feeling for them.
- ☐ I am less interested in other people than I used to be.
- ☐ I have not lost interest in other people.
9. ☐ I can't make any decisions at all anymore.
- ☐ I have great difficulty in making decisions.
- ☐ I try to put off making decisions.
- ☐ I make decisions about as well as ever.
10. ☐ I feel that I am ugly or repulsive-looking.
- ☐ I feel that there are permanent changes in my appearance and they make me look unattractive.
- ☐ I am worried that I am looking old or unattractive.
- ☐ I don't feel that I look any worse than I used to.
11. ☐ I can't do any work at all.
- ☐ I have to push myself very hard to do anything.
- ☐ It takes an extra effort to get started at doing something.
- ☐ I can work about as well as before.
12. ☐ I get too tired to do anything.
- ☐ I get tired from doing anything.
- ☐ I get tired more easily than I used to.
- ☐ I don't get any more tired than usual.

13. ___I have no appetite at all any more.

___My appetite is much worse now.

___My appetite is not as good as it used to be.

___My appetite is no worse than usual.

APPENDIX C
HOME OBSERVATION FOR MEASUREMENT OF THE
ENVIRONMENT

Infant/Toddler

Place a plus (+) in the box alongside each item if the behavior is observed during the visit or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotals and the total on the front side of the Record Sheet.

I. Emotional and Verbal RESPONSIVITY

1. Parent spontaneously vocalized to child twice.	
2. Parent responds verbally to child's verbalizations.	
3. Parent tells child name of object or person during visit.	
4. Parent's speech is distinct and audible.	
5. Parent initiates verbal exchanges with visitor.	
6. Parent converses freely and easily.	
7. Parent permits child to engage in messy play.	

8. Parent spontaneously praises child at least twice.	
9. Parent's voice conveys positive feelings toward child.	
10. Parent caresses or kisses child at least once.	
11. Parent responds positively to praise of child offered by visitor.	
Subtotal	

II. ACCEPTANCE of Child's Behavior

12. Parent does not shout at child.	
13. Parent does not express annoyance with or hostility to child.	
14. Parent neither slaps nor spansks child during visit.	
15. No more than one instance of physical punishment during past week.	
16. Parent does not scold or criticize child during visit.	
17. Parent does not interfere or restrict child more than 3 times.	

18. At least ten books are present and visible.	
19. Family has a pet.	
Subtotal	

III. ORGANIZATION of Environment

20. Substitute care is provided by one of three regular substitutes.	
21. Child is taken to grocery store at least once/week.	
22. Child gets out of the house at least four times/week.	
23. Child is taken regularly to doctor's office or clinic.	
24. Child has a special place for toys and treasures.	
25. Child's play environment is safe.	
Subtotal	

IV. Provision of PLAY MATERIALS

26. Muscle activity toys or equipment.	
27. Push or pull toy.	

28. Stroller or walker, kiddie car, scooter, or tricycle.	
29. Parent provides toys for child during visit.	
30. Learning equipment appropriate to age --cuddly toys or role-playing toys.	
31. Learning facilitators--mobile, table and chairs, high chair, play pen.	
32. Simple eye-hand coordination toys.	
33. Complex eye-hand coordination toys (those permitting combination).	
34. Toys for literature and music.	
Subtotal	

V. Parental INVOLVEMENT with Child

35. Parent keeps child in visual range, looks at often.	
36. Parent talks to child while doing household work.	
37. Parent consciously encourages developmental advance.	

38. Parent invests maturing toys with value via personal attention.	
39. Parent structures child's play periods.	
40. Parent provides toys that challenge child to develop new skills.	
Subtotal	

VI. Opportunities for VARIETY

41. Father provides some care daily.	
42. Parent reads stories to child at least three times weekly.	
43. Child eats at least one meal per day with mother and father.	
44. Family visits relatives or receives visits once a month or so.	
45. Child has 3 or more books of his/her own.	
Subtotal	
TOTAL SCORE	

APPENDIX D
HOME OBSERVATION FOR MEASUREMENT OF THE
ENVIRONMENT

Preschool

Place a plus (+) in the box alongside each item if the behavior is observed during the visit or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotals and the total on the front side of the Record Sheet.

I. LEARNING STIMULATION

1. Child has toys which teach color, size, shape.	
2. Child has three or more puzzles.	
3. Child has record player and at least five children's records.	
4. Child has toys permitting free expression.	
5. Child has toys or games requiring refined movements.	
6. Child has toys or games which help teach numbers.	
7. Child has at least 10 children's books.	

8. At least 10 books are visible in the apartment.	
9. Family buys and reads a daily newspaper.	
10. Family subscribes to at least one magazine.	
11. Child is encouraged to learn shapes.	
Subtotal	

II. LANGUAGE STIMULATION

12. Child has toys that help teach the names of animals.	
13. Child is encouraged to learn the alphabet.	
14. Parent teaches child simple verbal manners (please, thank you).	
15. Mother uses correct grammar and pronunciation.	
16. Parent encourages child to talk and takes time to listen.	
17. Parent's voice conveys positive feeling to child.	
18. Child is permitted choice in breakfast or lunch menu.	

Subtotal	
----------	--

III. PHYSICAL ENVIRONMENT

19. Building appears safe.	
20. Outside play environment appears safe.	
21. Interior of apartment not dark or perceptually monotonous.	
22. Neighborhood is esthetically pleasing.	
23. House has 100 square feet of living space per person.	
24. Rooms are not overcrowded with furniture.	
25. House is reasonably clean and minimally cluttered.	
Subtotal	

IV. WARMTH AND ACCEPTANCE

26. Parent holds child close 10-15 minutes per day.	
27. Parent converses with child at least twice during visit.	
28. Parent answers child's questions or requests verbally.	

29. Parent usually responds verbally to child's speech.	
30. Parent praises child's qualities twice during visit.	
31. Parent caresses, kisses, or cuddles child during visit.	
32. Parent helps child demonstrate some achievement during visit.	
Subtotal	

V. ACADEMIC STIMULATION

33. Child is encouraged to learn colors.	
34. Child is encouraged to learn patterned speech (songs, etc).	
35. Child is encouraged to learn spatial relationships.	
36. Child is encouraged to learn numbers.	
37. Child is encouraged to learn to read a few words.	
Subtotal	

VI. MODELING

38. Some delay of food gratification is expected.	
39. TV is used judiciously.	
40. Parent introduces visitor to child.	
41. Child can express negative feelings without reprisal.	
42. Child can hit parent without harsh reprisal.	
Subtotal	

VII. VARIETY IN EXPERIENCE

43. Child has real or toy musical instrument.	
44. Child is taken on outing by family member at least every other week.	
45. Child has been on trip more than fifty miles during last year.	
46. Child has been taken to a museum during past year.	
47. Parent encourages child to put away toys without help.	

48. Parent uses complex sentence structure and vocabulary.	
49. Child's art work is displayed some place in the house.	
50. Child eats at least one meal per day with mother and father.	
51. Parent lets child choose some foods or brands at grocery store.	
Subtotal	

VIII. ACCEPTANCE

52. Parent does not scold or derogate child more than once.	
53. Parent does not use physical restraint during visit.	
54. Parent neither slaps nor spansks child during visit.	
55. No more than one instance of physical punishment during past week.	
Subtotal	
TOTAL SCORE	

APPENDIX E
SOCIAL SUPPORT QUESTIONNAIRE

Part 1

Below are some questions about your extended family. This includes your parents, cousins, brothers, sisters and other relatives, as well as your spouse/partner's family. Please answer each question from your point of view.

1. How often do you or your family visit with the following relatives?

1=weekly or more

3=several times a year

2=once a month

4=yearly or less

- a. parent
b. mother-in-law/father-in-law
c. sister/brother
d. adult children
e. other (specify)

1.

2. How close do MOST of the above relatives live to you?

- a. Within walking distance
b. By car or public transportation
c. Whole day trip
d. Overnight trip
e. In another state

3. Below are some reasons why people get together.
Which one/s apply to your family?
- a. to help babysit
 - b. to help with housework
 - c. to have dinner together
 - d. to have a party
 - e. to sit and talk
4. About how many relatives do you call on to help you care for your children (babysitting or taking them on outings)?:
- a. none
 - b. 1 to 3
 - c. 4 to 7
 - d. more than 7
5. About how many relatives do you call on to help you with other things (doing housework, bringing you food)?:
- a. none
 - b. 1 to 3
 - c. 4 to 7
 - d. more than 7
6. About how many relatives do you help by babysitting their children or doing some housework for them?
- a. none
 - b. 1 to 3
 - c. 4 to 7
 - d. more than 7

7. How often do you speak by telephone with the following relatives?
- | | |
|------------------|------------------------|
| 1=weekly or more | 3=several times a year |
| 2=once a month | 4=yearly or less |
- a. parent
b. mother-in-law/father-in-law
c. sister/brother
d. adult children
e. other (specify)
- 1.
8. How often do you borrow things (car, money, etc.) from relatives?
- | | |
|-------------------|-------------------------|
| a. weekly or more | c. several times a year |
| b. once a month | d. yearly or less |
9. How often do you lend things (car, money, etc.) to relatives?
- | | |
|-------------------|-------------------------|
| a. weekly or more | c. several times a year |
| b. once a month | d. yearly or less |
10. Do you visit more with friends or relatives?
- a. More with relatives
b. More with friends
c. About the same
11. About how many friends do you call on to help you care for your children (babysitting or taking them out)?:
- | | |
|-----------|----------------|
| a. none | c. 4 to 7 |
| b. 1 to 3 | d. more than 7 |

12. About how many friends do you call on to help you with other things (doing housework, bringing you food)?:

a. none c. 4 to 7
b. 1 to 3 d. more than 7

13. About how many friends do you help by babysitting their children or doing some housework for them?

a. none c. 4 to 7
b. 1 to 3 d. more than 7

14. Who is the person who helps you most with childcare?

Relation to you:

a. parent Age _____
b. spouse/partner
c. other child Sex:
d. brother/sister a. male
e. friend b. female
f. other (specify) _____

Name _____ Phone # _____

Address _____

15. Do you like the way he/she cares for your child?

a. YES b. NO

16. Do you agree with the way he/she disciplines your child?

a. YES b. NO

17. Who is the person who helps you most with other things (doing housework, bringing you food)?:

Relation to you:

- a. parent Age _____
- b. spouse/partner
- c. other child Sex:
- d. brother/sister a. male
- e. friend b. female
- f. other (specify) _____

Name _____ Phone # _____

Address _____

18. Is there a relative or friend you wish would help you?
- a. Yes, relative
- b. Yes, friend
- c. No
19. If yes, what kind of help would you like?
- a. babysitting
- b. doing household chores
- c. running errands
- d. talking and listening
- e. giving advice
20. Is there a relative or a friend you wish would stop helping you?
- a. Yes, relative
- b. Yes, friend
- c. No

21. If yes, what kind of help does he/she provide?
- a. babysitting
 - b. doing household chores
 - c. running errands
 - d. talking and listening
 - e. giving advice
22. Why would you want him/her to stop helping you?
-

Part 2

Below are some events or problems we must deal with in our everyday lives. Consider each statement in light of your own situation. Circle the letter before the person(s) that you could count on in each situation. You may circle more than one letter if there is more than one source of help that you count on. We would also like to know if you have had this situation or a similar one in the past six months, and how satisfied you feel with the help you received.

1. If you were to experience an emergency, who would you turn to for help?
 - a. parent
 - b. child or children
 - c. spouse or partner
 - d. former spouse or partner
 - e. relative
 - f. friend, co-worker, or neighbor
 - g. religious minister
 - h. professional (nurse, counselor, etc.)
 - i. agency or self-help group
 - j. no one (no one available)
 - k. no one (prefer to handle it alone)
 - l. other (specify)_____

Have you had an emergency in the past six months?

- a. YES
- b. NO

If yes, to what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

2. If you needed help for an extended period of time to care for a family member who is sick or handicapped, who would you turn to for help?
- a. parent
 - b. child or children
 - c. spouse or partner
 - d. former spouse or partner
 - e. relative
 - f. friend, co-worker, or neighbor
 - g. religious minister
 - h. professional (nurse, counselor, etc.)
 - i. agency or self-help group
 - j. no one (no one available)
 - k. no one (prefer to handle it alone)
 - l. other (specify)_____

Have you needed help in caring for a sick or handicapped family member in the past six months?

- a. YES
- b. No

If yes, to what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

3. If you were concerned about your relationship with your spouse, partner, or intimate other, who would you turn to for help?
- a. parent
 - b. child or children
 - c. spouse or partner
 - d. former spouse or partner
 - e. relative
 - f. friend, co-worker, or neighbor
 - g. religious minister
 - h. professional (nurse, counselor, etc.)
 - i. agency or self-help group
 - j. no one (no one available)
 - k. no one (prefer to handle it alone)
 - l. other (specify)_____

Have you had a concern about your relationship with your spouse, partner, or intimate other in the past six months?

- a. YES
- b. NO

If yes, to what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

4. If you needed advice regarding a problem with a family member or friend who would you turn to for help?

- a. parent
- b. child or children
- c. spouse or partner
- d. former spouse or partner
- e. relative
- f. friend, co-worker, or neighbor
- g. religious minister
- h. professional (nurse, counselor, etc.)
- i. agency or self-help group
- j. no one (no one available)
- k. no one (prefer to handle it alone)
- l. other (specify)_____

Have you needed advice regarding a problem with a family member or friend in the past six months?

- a. YES
- b. NO

If yes, to what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

5. If you were having financial problems, who would you turn to for help?

- a. parent
- b. child or children
- c. spouse or partner
- d. former spouse or partner
- e. relative
- f. friend, co-worker, or neighbor
- g. religious minister
- h. professional (nurse, counselor, etc.)
- i. agency or self-help group
- j. no one (no one available)
- k. no one (prefer to handle it alone)
- l. other (specify)_____

Have you had financial problems in the past six months?

- a. YES
- b. NO

If yes, to what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

6. If you were sick for a week, who would you turn to for help?

- a. parent
- b. child or children
- c. spouse or partner
- d. former spouse or partner
- e. relative
- f. friend, co-worker, or neighbor
- g. religious minister
- h. professional (nurse, counselor, etc.)
- i. agency or self-help group
- j. no one (no one available)
- k. no one (prefer to handle it alone)
- l. other (specify)_____

Have you been sick for a week in the past six months?

- a. YES
- b. NO

If yes, to what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

7. If you were lonely, who would you turn to?

- a. parent
- b. child or children
- c. spouse or partner
- d. former spouse or partner
- e. relative
- f. friend, co-worker, or neighbor
- g. religious minister
- h. professional (nurse, counselor, etc.)
- i. agency or self-help group
- j. no one (no one available)
- k. no one (prefer to handle it alone)
- l. other (specify)_____

Have you felt lonely in the past six months?

- a. YES
- b. NO

If yes, to what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

8. What has been the greatest concern or problem for you in the past six months? (Briefly describe this problem)

Who did you turn to for help with this problem?

- a. parent
- b. child or children
- c. spouse or partner
- d. former spouse or partner
- e. relative
- f. friend, co-worker, or neighbor
- g. religious minister
- h. professional (nurse, counselor, etc.)
- i. agency or self-help group
- j. no one (no one available)
- k. no one (prefer to handle it alone)
- l. other (specify)_____

To what extent do you feel satisfied with the help you received?

- a. very satisfied
- b. a little satisfied
- c. a little dissatisfied
- d. very dissatisfied

Below are some statements with which some people agree and others disagree. Please read each statement and circle the response most appropriate for you. There is no right or wrong answer.

1

3

5

Agree

Neutral

Disagree

1. There is someone I feel close to who makes

me feel secure 1 3 5

	1	3	5
	Agree	Neutral	Disagree
2. I belong to a group in which I feel important	1	3	5
3. People let me know that I do well at my work (job, homemaking)	1	3	5
4. I have enough contact with the person who makes me feel special	1	3	5
5. I spend time with others who have the same interests that I do	1	3	5
6. I am able to spend the amount of time I want with my child/children	1	3	5
7. Others let me know that they enjoy working with me (job, committees, projects)	1	3	5
8. I have the opportunity to encourage others to grow and develop their interests and skills	1	3	5
9. My family lets me know that I am important for keeping the family running	1	3	5
10. When I am upset and frustrated there is someone I can be with who lets me be myself	1	3	5
11. I often feel no one has the same problems as I	1	3	5
12. I enjoy doing little "extra" things that make a child's life more pleasant	1	3	5

- | 1 | 3 | 5 |
|-------|---------|----------|
| Agree | Neutral | Disagree |
13. I know that others appreciate me as a
person 1 3 5
14. There is someone who loves and cares about
me 1 3 5
15. I am able to provide the kind of care I
want for my child 1 3 5
16. Sometimes people think that I'm not as
good a friend as I should be 1 3 5

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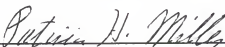
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BIOGRAPHICAL SKETCH

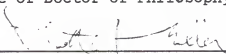
I received my undergraduate degree in psychology from the University of Miami in Florida in May, 1982. Owing to my brilliance, or better yet my burning desire to help humankind, I started graduate studies at the University of Florida in developmental psychology. There I began my unending search for the truth. In 1983, I received a three-year graduate fellowship from the National Science Foundation, a sign for me to continue my life's work. Owing again to my brilliance, or better yet my unquestionably hard work, I received my Master of Science degree in May, 1985. In January, 1986, in further quest for ways to save the world from its problems, I worked at the Child Protection Team, University of Miami, as a case coordinator while I collected my dissertation data. It should be noted that data collection was only secondary to saving the world. In December, 1986, I received my Doctor of Philosophy degree, with a concentration in developmental psychology. And the world trembles...

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.




Patricia H. Miller, Chairperson
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



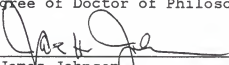
Scott A. Miller
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This dissertation was submitted to the Graduate Faculty of the Department of Psychology in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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